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CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report

upon the

School Health Service

for the Year

1958

By

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

Principal School Medical Officer

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THE EDUCATION COMMITTEE

1958

City Council Members :

THE MAYOR (COUNCILLOR REGINALD H. GLOVER).

ALDERMAN AMPHLETT.

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„ BROTHERTON.

„ BUILT.

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STAFF 1958

Director of Education :

F. E. CHANDLER, O.B.E., M.C., B.Sc.

Principal School Medical Officer :

A. J. B. GRIFFIN, M.B., CH.B., D.P.H.

School Medical Officers :

ELIZABETH G. HENDERSON, M.B., B.CH., B.A.O., D.P.H.

MOIRA K. E. ALLINGTON, B.A., M.B., B.CH., D.C.H.

Child Psychiatrist :

J. J. GRAHAM, M.B., CH.B., D.P.M.

(Consultant, Birmingham Regional Hospital Board)

Principal School Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

School Dental Officer :

BETTY SAVAGE (née JACQUES), B.D.S., L.D.S.

Remedial Gymnast :

MISS S. MORRIS

Speech Therapist :

MISS A. M. GIBSON

(Resigned 30th June, 1958)

MISS B. R. HADDLETON

(Commenced duty on 1st September, 1958)

Superintendent Health Visitor/School Nurse :

MISS D. M. CATLIN (a) (b) (c)

Health Visitor/School Nurses :

MISS N. A. HARDIMAN (a) (c) (d) (e)

MISS P. O. VILES (a) (b) (c) (f) (g)

MISS O. R. JONES (a) (b) (c) (f)

MISS M. A. MANDER (a) (c) (d)

(Resigned 30th September, 1958)

MISS B. A. FLINT (a) (c) (d) (f)

MISS E. M. GEORGE (a) (c) (d)

MISS B. RHODES (a) (c) (d)

School Nurses (Temporary Appointments) :

MRS. M. B. LLEWELLYN WILLIAMS (a)

MRS. M. L. HAYTON (a) (b)

Senior Clerk :

MRS. I. FAIRBAIRN

Clerks :

MISS E. I. P. PROSSER

MISS J. E. RAMMELL

Dental Attendants :

MISS A. BADHAM

MISS B. J. SEERS

(a) State Registered by Examination.

(b) Certificate of Midwives Board.

(c) New Health Visitor's Certificate.

(d) Certificate of Midwives Board (Part I).

(e) Ear, Nose and Throat Certificate.

(f) Queen's Nurse.

(g) Registered Sick Children's Nurse.

Annual Report for the Year 1958

OF THE

Principal School Medical Officer

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my report upon the work of the School Health Service for the year 1958.

In my reports for 1956 and 1957 I have already reviewed, at some length, the remarkable improvement in the health of the school child that has been wrought in the last quarter-century: so my comments in the year 1958 need only be brief. A fresh pointer to this improvement is to be found in the admissions to the Open Air School. Formerly there was an appreciable waiting list of children for admission to the Open Air School: now there are more places than there are children to fill them. If a child's admission is delayed it is because the particular age group quota is filled; usually there is an average of 20 vacancies because there are no longer delicate children to fill them.

Owing to the prior claims upon the time of the School Medical Officers of immunisation against poliomyelitis and of immunisation of 13 year old school children against tuberculosis, less attention has been paid to routine school medical inspections the figures for which are down.

While some thousand new babies annually will need protection against poliomyelitis, most will be dealt with by their domiciliary medical practitioners and the large scale immunisation procedures of recent months should not need to be repeated.

Staffing difficulties have again recurred. For three months of the year we were short of one health visitor/school nurse and for two months were without a speech therapist.

Largely, as a result of immunisation procedures, the two school medical officers, who are also assistant medical officers of health, have had a heavy year as also have the clerical staff. To them and indeed to the whole of the school health service

staff I am indebted for loyal support for the increase of school children to over 11,000 has not been accompanied by any proportionate increase of staff.

The Clinic premises at Tudor house continue to be a reproach to an Education Authority that has built so many magnificent schools.

When I revisit Worcester at some future date, I trust I may find my successor has been more fortunate in this matter of Clinic premises.

Health Education makes little progress nor will it until Health Authorities give the lead to Education Committees and realise that indoctrination of positive health into new generations is nationally more important and less expensive than the provision of medico-social services for those prematurely decrepit in body and mind.

It is an economically unsound policy that provides for the spending of 96% of the National Health bill upon the cure of disease and only 4% on its prevention.

Figures of the attendance of children at Child Guidance Clinics, though still not large, show an increase on the previous year. This gives little cause for satisfaction, though for much of the increase there may be a fairly simple explanation. We have passed from the over-rigid discipline of the Victorian period with its Papa Barretts to an age when discipline is outmoded and even ridiculed.

The former reserve of the English people is being replaced by a freedom of expression that spills over into exhibitionism and licence encouraged by the new doctrine of "diminished responsibility" and the spurious teachings that punishment never does any good. Adolescent "rock and rollers" light-heartedly cosh old ladies, knife policemen and gang up together in cowardly exhibitions of anti-racialism.

An absence of control in the homes cannot easily be made good in the schools where, not surprisingly, teachers tend to be intimidated by the legal actions so frequently taken by parents for trivial chastisement of their undisciplined offspring.

A return to discipline in the home; an added authority to teachers to deal more forcibly when necessary with undisciplined and anti-social behaviour would result in fewer visits to Child Guidance Clinics and few children would be the worse for it.

The standard of hygiene of school premises improves with each modern school erected, though there are still schools with hygienic deficiencies as the detail reports of the Public Health Inspectors show elsewhere.

During my association with the School Health Service of this Country I have seen a transformation in the physical health and general well-being of the school child. In laying down my responsibilities as a Principal School Medical Officer I tender my thanks to all who have in any way, great or small, assisted me during the past 23 years and I wish the best of luck to the school child on whom the future of this great Country depends.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

A. J. B. GRIFFIN,

Principal School Medical Officer.

(I) STAFF

The medical staff consists of the Principal School Medical Officer who is also Medical Officer of Health and advisory Medical Officer to the Children's Committee. He is concerned with the administration of the School Health Service his clinical duties being confined to attendance at the Open Air School for delicate children at Rose Hill. The clinical work is shared between the School Medical Officers. These two doctors are also Assistant Medical Officers of Health, have duties on behalf of the Children's Committee and are responsible for medical examinations of all officers and employees entering the Council's service. The time devoted by medical staff to the School Health Service is the equivalent of 1·4 whole time officers and during 1958 intensive immunisation procedures have reduced the time devoted to the School Health Service.

Throughout the year the dental clinic has been manned by a Principal School Dental Officer and one School Dental Officer; their joint services being expressed as 1·82 whole-time school dental officers.

At the end of the year the School Dental Officer resigned on account of impending motherhood and at the time this report is written in mid-1959, it has been so far impossible to fill the vacancy.

Two whole time School Nurses and seven Health Visitor/School Nurses including a Superintendent Health Visitor/School Nurse carry out the many functions of the School Health Service; their time being expressed as the equivalent of 3·0 full-time nurses.

The Birmingham Regional Hospital Board provides a Child Psychiatrist.

There is a whole time Speech Therapist, a whole time Remedial Gymnast and the Headmistress of the Martley Branch of the Birmingham Royal School for deaf children conducts a small lip-reading class on a sessional basis.

One senior clerk, with two assistants, is responsible for all clerical work including keeping the personal records of some 11,000 children.

(II) SCHOOL HYGIENE

The Health Department's Public Health Inspectors—qualified in food inspection and experienced in the hygiene of food handling—are well fitted to survey the sanitary conditions of school premises and the hygiene of school kitchens. Apart

from interim inspections they make an annual report on the hygiene of the schools in their respective areas; shortcomings being reported to the Director of Education.

Frequently clothes drying facilities are absent or inadequate, as are drinking fountains. In a number of schools there is no hot water for washing and sanitary amenities for teaching staff are unsatisfactory. In some of the more recently built schools the number of W.C.'s provided falls below the standards fixed by the Ministry of Education.

The most serious shortcomings in school hygiene are set out below.

CHRISTOPHER WHITEHEAD SECONDARY MODERN SCHOOL FOR BOYS.

There is a deficiency of 4 wash hand basins.

Kitchen facilities very poor.

CHRISTOPHER WHITEHEAD SECONDARY MODERN SCHOOL FOR GIRLS.

Deficiency of 5 W.C.'s and 6 wash hand basins.

ELBURY MOUNT PRIMARY SCHOOL.

Deficiency of 5 W.C.'s (Infants' Section).

RAINBOW HILL INFANTS' SCHOOL.

Deficiency of 2 W.C.'s.

Deficiency of 7 wash hand basins.

RED HILL SCHOOL—INFANTS AND JUNIORS (MIXED).

Deficiency of 13 wash hand basins.

ST. CLEMENT'S SCHOOL JUNIOR MIXED.

Deficiency of 5 wash hand basins.

ST. GEORGE'S ROMAN CATHOLIC JUNIOR SCHOOL.

Deficiency of 14 wash hand basins.

Deficiency of 6 W.C.'s.

There are no clothes drying facilities.

There are no drinking fountains.

ST. JOHN'S BOYS' SCHOOL.

Deficiency of 5 wash hand basins.

ST. JOHN'S GIRLS' SCHOOL.

Deficiency of 6 W.C.'s and 9 wash hand basins.

ST. MARY'S INFANTS SCHOOL.

"Meal preparation is in scholars cloakroom. No separate washing facilities provided for hand washing. No clothes lockers for staff clothing. (Used by scholars). Step to West cloakroom needs attention to prevent entry of storm water. No protection to sanitary conveniences against frost. Three additional wash basins and provision of hot water to basins needed."

ST. PAUL'S SENIOR MIXED SCHOOL.

Deficiency of 7 wash hand basins.

Girls': deficiency of 5 W.C.'s.

No drinking fountains are provided.

There are no drying facilities.

ST. STEPHEN'S JUNIOR MIXED SCHOOL.

Boys': deficiency of 3 wash hand basins.

Girls': deficiency of 2 W.C.'s.

There are no clothes drying facilities.

No drinking fountains are provided.

SAMUEL SOUTHALL SECONDARY MODERN SCHOOL.

BOYS' DEPARTMENT.

Deficiency of 16 wash hand basins, only 2 wash hand basins provided with hot water.

GIRLS' DEPARTMENT.

Deficiency of 10 W.C.'s and 16 wash hand basins.

Provision of incinerators in sanitary offices most desirable.

STANLEY ROAD SCHOOL.

JUNIORS AND SENIORS (MIXED).

Deficiency of 8 W.C.'s and 16 wash hand basins. (Girls' Section).

UNDENOMINATIONAL SCHOOL, ST. MARTIN'S GATE.

Deficiency of 8 wash hand basins.

"A separate school meals washing-up room should be provided as space for this purpose is very restricted and hand washing facilities not too satisfactory."

SCHOOL KITCHENS AND DINING ROOMS.

Of school kitchens and dining rooms generally the Deputy Chief Public Health Inspector reports as follows:—

"In general terms the school kitchens are well run and the standard of cleanliness maintained in all the kitchens is of a very high order. The older kitchens, in particular the Central School Kitchen, Hounds Lane and that at School Road, St. John's, are examples of converting premises to a use never originally intended with the resultant unsatisfactory features of bad design and inadequacies. Most of the kitchens lack the provision of a wash basin in the kitchen itself. All have hand washing facilities adjoining the W.C. apartment; however, it was noted that sinks in the kitchens were being used for hand washing. The provision of an extra basin in the kitchen proper would be a desirable improvement. Whilst inspections of washing-up facilities in schools without main kitchens are at present incomplete the washing-up kitchen at Christopher Whitehead Boys' Secondary Modern is most inadequate in facilities and accommodation. Indeed it appears to form part of a corridor between portions of the school with constant passage of boys whilst washing-up is in progress; further all crockery is washed and dried by hand and the swab results reveal the inadequacies of this method.

MAIN KITCHENS.

CENTRAL SCHOOL KITCHEN, HOUNDS LANE.

The kitchen continues to serve 25 schools, cooking over 2,000 meals daily. During the last year the Vegetable Preparing Room has been redecorated; however, the decorative condition of the Main Kitchen has further deteriorated due to the excessive steam present during cooking. There are also plaster defects around the sink areas. With the exception of the redecoration previously referred to and an improvement in lighting, the items mentioned in last year's report are still outstanding and these are:—

1. Provision of canopy and extraction over steamers.
2. Need for regular cleansing of the cross beams.
3. Redecoration of main kitchen.
4. Provision of wall tiling at appropriate points.

SCHOOL ROAD.

In addition to the design of the kitchen previously referred to the following defects exist.

1. Badly worn and defective floors of Dining Room and washing-up kitchen.
2. Inadequate ventilation of kitchens.
3. Flaking ceiling in Main Kitchen.
4. Lack of sterilising sinks for washing-up.
5. W.C. apartment in need of redecoration.
6. W.C. cistern overflowing.
7. Need for wall tiling at points of major contamination.

ELBURY MOUNT PRIMARY SCHOOL.

1. Wall surfaces have rough finish—provision of wall tiling would greatly improve kitchen.

GORSE HILL PRIMARY SCHOOL.

1. Wall tiling desirable at appropriate points.
2. Inadequate ventilation in washing-up area.

STANLEY ROAD INFANTS' SCHOOL.

1. Heating in dining room appears inadequate and badly sited.
2. Dining room ceiling flaking due to position of heaters.
3. Ceiling boards in washing-up area warped and loose.

GIRLS' GRAMMAR SCHOOL.

1. Inadequate ventilation—canopy over islanded cooking equipment would reduce steam in kitchen.
2. Flaking ceiling due to item above.
3. Broken floor tiling around drainage channel.

HENWICK GROVE PRIMARY SCHOOL.

NUNNERY WOOD SECONDARY MODERN SCHOOL.

RONKSWOOD PRIMARY SCHOOL.

SAMUEL SOUTHALL SECONDARY MODERN SCHOOL.

All satisfactory except for temporary washing-up kitchen at Nunnery Wood which is due for replacement by a new kitchen."

To test the efficiency of dish washing arrangements, 69 washed articles including cutlery, crockery and other food preparation equipment were submitted for bacteriological investigation.

With 5 exceptions all results were satisfactory.

(III) SCHOOL MEDICAL INSPECTIONS

As already mentioned in the introduction, the amount of medical time taken up in the nation wide campaign against poliomyelitis added to that devoted to the immunisation of school leavers against tuberculosis reduced the sessions normally available for routine medical inspections which fell by approximately 700.

The urgency of action against poliomyelitis is unlikely to recur, and in the absence of any extension of the City the school population will probably have reached its peak, so that it should be possible shortly to resume full routine medical inspections; but the medical personnel of the health and school health service is already understaffed and more work cannot be undertaken by the existing staff.

The nutritional state of children examined continues to be satisfactory, though the percentage of children with unsatisfactory nutrition was higher than in 1957, the increase being almost wholly among children born in 1952.

Except for defective vision the percentage of children found, at routine medical inspections, with defects continued to be satisfactory.

UNCLEANLINESS.

The steady improvement in the health of school children is paralleled by the reduction in the number of children found to be verminous.

Cases of infestation are, in the main, now confined to a hard-core of offenders who occasionally pass on their live stock to normally clean children. Not infrequently children are infested, even after cleansing, by an older member of the family. Unfortunately the war time powers we had for dealing with these adults were revoked after peace came.

Only approximately one child in 150 was found in the least degree verminous and in only one case was it necessary to issue a notice for the compulsory cleansing of a child by a school nurse.

(IV) SCHOOL CLINIC

Within the confines of the dark, depressing, ancient monument known as Tudor House the busy work of a School Clinic has continued throughout the year. There the Speech Therapist has carried on upstairs her gallant struggle against the traffic roar of Friar Street, while downstairs doctors and nurses have performed their varied duties against the same background. Despite the environment the attendance statistics show that the popularity and usefulness of the clinic have not waned.

(V) HANDICAPPED SCHOOL CHILDREN

The ascertainment of the handicapped school child is one of the most important functions of the School Health Service. Because the Principal School Medical Officer is also Medical Officer of Health with responsibilities for child welfare, the majority of handicapped school children are recorded before the age of school entry, ascertainment being made by health visitor/school nurses, practitioners, hospital staffs and others. The size of the administrative unit of local government makes for easy liaison in the case of the handicapped child whom everyone wishes to help. Elsewhere in the last table in this report statistics dealing with handicapped school children requiring special school provision are set out. With few exceptions places in residential schools are becoming easier to obtain.

EDUCATIONAL SUB-NORMALITY.

Frequently in these annual reports I have drawn attention to the increasing problem of the educationally sub-normal child. Often, the despair of his teachers, he tends to act as a brake on the progress of his more intelligent colleagues while himself profiting little by instruction. His admission to a special residential school is to-day a very expensive matter and the cost might indeed be more profitably spent upon aiding the boy of above-average intelligence. Nevertheless it is desirable that he should be found a place and work in society for periods of national unemployment will usually make him the first victim. The day special school might assist considerably in the solution of many of the problems which the educationally sub-normal child possesses and his manipulative skills should be developed to the fullest.

Dr. Henderson reports as follows on the year's work in this field :—

“During the year 1958, 44 children had intelligence tests, results of which were as follows :—

I.Q. over 100 ...	3
99—90 ...	5
89—80 ...	9
79—70 ...	12
69—60 ...	5
59—50 ...	8
49—40 ...	2

—
44

Reccomendations made for these were :—

- 6 Special tuition in ordinary school.
- 5 Special class St. Paul's School.
- 7 Unclassified (for further examination).
- 3 Under school age—recommendation deferred.
- 14 Recommended Special Residential School for E.S.N. children, 4 of whom have now been placed. (1 of these has been removed by parents).
- 3 No recommendations.
- 2 Recommended to Child Guidance Clinic (1 of these now in approved school).
- 2 Supervision after leaving school.
- 2 Recommended for report to Mental Health Authority as ineducable.

Largest number of E.S.N. children fall in I.Q. 79—70.

Children who were not E.S.N. have been recommended for special tuition in rudimentary subjects at ordinary school.

Several children who have had Intelligence Tests (most of whom were found to be between 79 and 73, one was 92 and another 86) were found to have behaviour problems. This was mostly due to social background—in some cases where mother had no control over the children and father was not interested, in others where there was constant friction between parents. These children would have derived and still would derive much benefit from being admitted to a residential Children's home where they would have security and some form of discipline.

On two occasions this has been done; the two children settled down and did well. One of these children, still at Perryfields, has changed for the better in every way and gives no trouble whatever.

Some backward children whose home environment has been a breeding ground for maladjustment, delinquency and vice, have had to be sent to approved schools having never experienced the disciplined upbringing of a good Children's Home.

I feel that very much could be done in prevention of anti-social behaviour and delinquency by admitting such children to a Children's Home for at least some period of time".

With her opinion regarding the disciplinary value of a stay in a local children's home I am in agreement.

SPEECH DEFECTS.

Continuity in the treatment of speech defects was interrupted by the resignation for personal reasons, quite unconnected with her duties, of Miss Gibson, in June, 1958.

Her successor, Miss Haddleton, newly fledged from her Leicester training school, took up her first appointment on 1st September, 1958, and reports as follows at the end of her four months initiation:—

"The previous therapist left the following record of her work during the first six months of the year under review:—

No. of treatment sessions	...	...	...	1,432
No. of extra interviews	...	...	...	75
No. of patients discharged	...	...	...	24
No. of patients admitted	...	...	...	25
Waiting list	...	...	...	57

The position on 1st September, 1958, when the present therapist commenced duties was:—

Recommended to continue treatment	...	...	83
To be re-examined	..	...	35

By the end of September, 20 of the latter group had been discharged, 8 had been temporarily deferred and 7 had been given regular appointments for further treatment.

During part of October and November, the present therapist made a survey of speech defective children in the City's schools. The result of this survey was as follows:

No. of children interviewed	184
No. of children not in need of treatment other than a short prophylactic talk	11
No. of children whose speech, though poor, showed no true defect	16
No. of children in need of treatment	165
No. of children on waiting list previously but not seen during survey	30
Total number of children awaiting treatment in November, 1958	195

Since November, further children have been referred by School Medical Officers, School Nurses and parents, often with urgent requests for prompt treatment.

Clinic records for the four months from 1st September to 31st December, 1958, show the following figures:—

No. of treatment sessions held	903
No. of examination sessions held	249
Total ...	1,152
No. of Miss Gibson's patients discharged with little or no further treatment	20
No. of patients admitted since the end of September	29
No. of children currently receiving treatment at the end of December	97
No. of patients discharged since the end of September (including 6 discharged due to non-attendance or removal)	25
No. of children deferred, awaiting discharge or maturation for further treatment	17
Total number of children treated during the four months	139
Total number of children treated during the twelve months ended 31st December, 1958 ...	183"

Because of the number of children found to have some speech defect of greater or lesser degree, the Speech Therapist has been obliged to exercise some measure of selectivity in her treatment and has raised the question of additional staff. Some

of the work pressure is undoubtedly the result of the lengthy interregnum between speech therapists, and while I consider the request for additional staff somewhat premature, I shall watch the situation carefully.

MINOR ORTHOPAEDIC DEFECTS, REMEDIAL CLASSES.

The Remedial Gymnast, Miss Shelagh Morris, reports as follows on her year's work among school children:—

“Treatment of minor defects has continued steadily throughout the year and the number of children at present receiving attention is 511, the lowest total during the last ten years, in any one term.

Of these, 209 were purely postural, and 302 orthopaedic. During the three terms of the year just ended, 310 children received treatment for postural defects, 456 for orthopaedic. 244 children were discharged by the School Doctors during the year. The reduced numbers now allow time for more individual contact—if necessary with parents in stubborn or difficult cases.

The main trouble now seems to be poor posture in the older range of children—between 12 and 15 years.

Shoes for older girls are in some cases ridiculous. Even when they are expensive and well cared for, there is little support. In the poorer homes, some of the footwear is now as bad as it was in the ‘bad old days’. Manufacturers agree but against the modern trend and fashion conscious, they are helpless. We can only try quietly to educate both children and adults.

During the year, films have been shown in several schools and a limited contact made with those mothers who are not out at work and can, or will, make time to attend these demonstrations.

A few pre-school children have been treated in their own homes. This helps a little but only if the mother is sufficiently keen to continue exercises at home with the children. They are however, included on the school register as soon as they are 5 years of age.

I have been able, however, to combine treatment of these few pre-school children, with whole classes of infants in some schools, with very beneficial results, especially where the attendant teacher is a keen physical educationalist, and will include remedial exercise in her own physical training class.”

(VI) INFECTIOUS DISEASES

The following notifications were received of infectious diseases among school-children during the year.

Scarlet Fever	99
Whooping Cough	12
Diphtheria	—
Acute Pneumonia	11
Measles	189
Dysentery	1
Tuberculosis—Respiratory	3
Non-Respiratory	2

DIPHTHERIA.

The proportion of school children immunised against diphtheria remains at a satisfactory high level.

It is more than 7 years since a case of diphtheria—actually imported from the East Coast—was notified in the City and more than 14 years since we have had a death from this erstwhile killer of children.

POLIOMYELITIS.

No case of poliomyelitis was notified during the year in any age group. Vaccinations have gone on apace as fast as vaccine was allotted. By the end of the year 7,227 children had received the protection of two inoculations and approximately 300 had received the third “booster” dose now recommended by the Ministry of Health. Slightly more than a quarter of these inoculations have been carried out by the two School Medical Officers; the remainder having been given by domiciliary medical practitioners and hospital staffs.

TUBERCULOSIS.

Notifications of all forms of tuberculosis among school children were 5. (Incidentally only 1 person in the City died from pulmonary tuberculosis compared with approximately 50 twenty years ago).

Immunisation against tuberculosis is increasingly accepted by parents. 1,834 skin tests were carried out and 1,375 children vaccinated against tuberculosis.

(VII) DEATHS OF SCHOOL CHILDREN

Particulars of deaths among school children are given below:—

- Case No. 1: Boy aged 5 years.
Cause of death—Strangulation—Misadventure.
- Case No. 2: Girl aged 7 years.
Cause of death—Road Accident.
- Case No. 3: Boy aged 13 years.
Cause of death—Road Accident.
- Case No. 4: Boy aged 9 years.
Cause of death—Fall from a tree.
- Case No. 5: Boy aged 7 years.
Cause of death—Acute Leukaemia (blood disease).

(VIII) ARRANGEMENTS FOR DENTAL TREATMENT

We were fortunate in having two whole-time Dental Officers throughout the year and a satisfactory output of work was maintained: the statistics figure at the end of this report.

Of the dental work generally, the Principal School Dental Officer reports as follows:—

“During 1958, 3,770 children were inspected at periodic visits to schools. The children who are acceptors of clinic treatment, but are absent on the day of inspection, are given appointments so that any necessary treatment may be carried out.

645 children were inspected at the clinic as specials, casuals or absentees. Many of these children are brought by keen parents who desire a dental inspection more frequently than the periodic school inspection.

When treating pupils from large secondary modern schools, the accumulation of work is so great that many return visits are necessary before each child is made dentally fit. This can be accounted for by the fact that it takes two dentists approximately two years to complete the cycle of school inspections. During this period many children have missed an inspection through changing schools and, if they are not sufficiently keen or goaded by pain to seek advice, considerable and sometimes irreparable damage results. It is noticeable that in senior schools many children accept and undergo treatment, whereas two years before they were unco-operative and impossible to treat.

There was an increase in the number of conservations in permanent teeth, which is always a sign of advancement. It is still very difficult to persuade many mothers to have their infants' temporary teeth filled.

As in previous years, all orthodontic cases requiring specialist opinion and complicated appliances were referred to the Worcester Royal Infirmary. The cases which could be treated by extraction or the supply of simple appliances were undertaken at the clinic.

28 children were supplied with dentures.

The majority of these cases are due to accidental loss of teeth and require only small partial replacements. There are a few cases where large dentures are necessary, due occasionally to very poor teeth, but more often to the continued refusal of treatment until the damage is beyond repair and a denture needed before leaving school."

(IX) CHILD GUIDANCE

During the year the Child Guidance Clinic, previously held at the School Clinic in Friar Street, was transferred to a new clinic set up by the County Education Authority at Love's Grove. While the change had undoubted advantages for the County Authority and for persons manning the clinic, it has been a mixed blessing for the City Education Authority as the Clinic is less convenient of access to City Children and is divorced from the School Clinic and records centre at Tudor House.

The arrangement is something of a "mariage de convenance" for the City population can scarcely justify separate child guidance provision.

During the year some 62 City children made approximately 110 attendances.

During the year a second Educational Psychologist and a third (part-time) Psychiatric Social Worker joined the staff.

The following note on children who refuse to attend school is submitted by the Child Psychiatrist:—

"In common with other Child Guidance and Child Psychiatric Clinics up and down the country, we are seeing more and more children with the label of 'school phobia'; children who cannot attend school because they develop acute panic at the prospect of leaving their home and their mother each morning. The incidence of such cases is rising steeply, not only in this country, but in the United States and Canada also. The condition is quite different from truancy, where the youngster goes off from home without difficulty, and then roams the

neighbourhood. In our experience, and in that of most others, the problem has nothing to do with the school, but with the relationship between the child and his parents. A few of those, such as school teachers, members of local education committees, educational welfare officers, and the like, who come in direct or indirect contact with such cases, have difficulty in appreciating the condition as a neurotic illness. The more robust-minded feel that the child is being 'given in to', and that compulsion is called for; the psychiatric approach is regarded as 'soft'. Few people fortunately, have seen a 12 year-old in a state of acute panic. Those who have, including the unfortunate parents of such children, realise the impossibility of compulsion. If compulsion 'worked', we would be whole-hearted supporters of it."

(X) MILK IN SCHOOLS AND SCHOOLS MEALS SCHEME.

School children were supplied at school with 2,104,439 bottles of milk, each containing one third of a pint and 1,062,498 school meals were consumed on the premises.

(XI) RECUPERATIVE CONVALESCENCE.

Only 6 children were sent away for periods of convalescence at the recommendation of the Principal School Medical Officer.

Considerable use is, however, made of the day Open Air School at Rose Hill for debilitated children, many being admitted on the recommendation of domiciliary medical practitioners and hospital medical staff.

(XII) EMPLOYMENT OF SCHOOL CHILDREN

Older school boys are employed to an appreciable extent in newspaper delivery: they have to be medically examined for fitness for this and any other type of part-time work; 161 children were so examined during the year and none rejected. Criticism is sometimes made of the part-time employment of school children; it has not been the experience of the School Health Service staff that these early adventures into private enterprise are in any way prejudicial to the health of school children.

(XIII) MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

School Medical Officers in accordance with Ministry of Health arrangements carried out 17 medical examinations of applicants for entry to training colleges and 2 examinations of teachers on first appointment.

SCHOOL MEDICAL INSPECTION STATISTICS

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959 11,597

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS.

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1954 and later	72	71	98.61	1	1.39
1953	357	350	98.04	7	1.96
1952	444	431	97.07	13	2.93
1951	76	75	98.68	1	1.32
1950	29	29	100.00	—	0.00
1949	16	16	100.00	—	0.00
1948	21	20	95.24	1	4.76
1947	344	342	99.42	2	0.58
1946	570	565	99.12	5	0.88
1945	161	160	99.38	1	0.62
1944	346	344	99.42	2	0.58
1943 and earlier	614	612	99.67	2	0.33
TOTAL ...	3,050	3,015	98.85	35	1.15

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1954 and later	1	9	10
1953	3	56	56
1952	2	90	90
1951	—	15	15
1950	—	3	3
1949	1	5	6
1948	1	4	5
1947	32	35	61
1946	69	74	134
1945	20	27	39
1944	31	59	84
1943 and earlier	85	57	136
TOTAL ...	245	434	639

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	1,814
Number of Re-inspections	...	...	472
			—
		Total ...	2,286

TABLE D.—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	29,458
(ii)	Total number of individual pupils found to be infested	...	216
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)		153
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)		1

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.
TABLE A.—PERIODIC INSPECTIONS.

DEFECT OR DISEASE	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	1	4	24	—	25	3	50	7
Eyes— <i>a.</i> Vision	5	14	115	15	123	36	245	65
<i>b.</i> Squint	29	10	12	—	8	2	49	12
<i>c.</i> Other	2	1	—	—	2	1	4	2
Ears— <i>a.</i> Hearing	6	10	5	5	7	13	18	28
<i>b.</i> Otitis Media	6	12	6	3	1	8	13	23
<i>c.</i> Other	2	—	—	—	1	—	3	—
Nose and Throat	7	65	2	—	1	7	12	72
Speech	16	6	2	—	3	2	24	8
Lymphatic Glands	2	53	1	—	6	6	3	59
Heart	—	14	—	3	—	8	—	25
Lungs	3	13	1	4	1	13	5	30
Developmental—								
<i>a.</i> Hernia	3	3	1	—	1	2	5	5
<i>b.</i> Other	6	8	2	—	8	8	16	16
Orthopædic—								
<i>a.</i> Posture	17	1	46	—	60	—	123	1
<i>b.</i> Feet	63	2	12	1	23	2	98	5
<i>c.</i> Other	27	3	9	4	8	7	44	14
Nervous System—								
<i>a.</i> Epilepsy	3	1	3	—	2	1	8	2
<i>b.</i> Other	1	2	—	2	—	2	1	6
Psychological—								
<i>a.</i> Development	—	6	—	—	—	—	—	6
<i>b.</i> Stability	—	7	—	—	—	1	—	8
Abdomen	1	2	—	—	—	1	1	3
Other	—	12	2	—	1	15	3	27

TABLE B.—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	119	10
Eyes— <i>a.</i> Vision ..	86	22
<i>b.</i> Squint ..	23	7
<i>c.</i> Other	16	2
Ears— <i>a.</i> Hearing ..	28	33
<i>b.</i> Otitis Media ..	8	23
<i>c.</i> Other	12	10
Nose and Throat ..	43	94
Speech	29	2
Lymphatic Glands ..	3	62
Heart	5	20
Lungs	18	26
Developmental—		
<i>a.</i> Hernia	3	8
<i>b.</i> Other	16	25
Orthopaedic—		
<i>a.</i> Posture	100	6
<i>b.</i> Feet	111	10
<i>c.</i> Other	90	20
Nervous System—		
<i>a.</i> Epilepsy	9	6
<i>b.</i> Other	9	4
Psychological—		
<i>a.</i> Development ..	5	18
<i>b.</i> Stability	5	10
Abdomen	3	8
Other	8	21

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS.TABLE A.—EYE DISEASES, DEFECTIVE VISION AND
SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	68
Errors of refraction (including squint) ..	649
Total	717
Number of pupils for whom spectacles were —prescribed	309

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ..	9
(b) for adenoids and chronic tonsillitis	97
(c) for other nose and throat conditions	6
Received other forms of treatment ..	64
Total	176
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958	6
(b) in previous years	11

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) pupils treated at clinics or out-patients departments	638
(b) pupils treated at school for postural defects	310
Total	948

TABLE D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated
Ringworm (a) Scalp	2
(b) Body	—
Scabies	10
Impetigo	17
Other Skin Diseases	247
Total	276

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	62

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ..	183

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	342
(b) Pupils who received convalescent treatment under School Health Service arrangements	6
(c) Pupils who received B.C.G. vaccination	1,208
	213 pupils at non-maintained Schools.
(d) Other than (a), (b) and (c) above. Please specify :	Nil
Total (a) — (d) ..	1,556
	213 pupils at non-maintained Schools.

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—					
	(a)	At Periodic inspections	...	...	...	3,770
	(b)	At Specials	...	...	...	645
						4,415
(2)	Number found to require treatment					
(3)	Number offered treatment					
(4)	Number actually treated					
(5)	Number of attendances made by pupils for treatment including those recorded at heading II(h)					
(6)	Half-days devoted to : Periodic School Inspection					
		Treatment	...	...	...	15
			...	...	...	902
(7)	Fillings : Permanent Teeth					
		Temporary Teeth	...	...	...	2,884
			...	...	...	52
(8)	Number of teeth filled : Permanent Teeth					
		Temporary Teeth	...	...	...	2,725
			...	...	...	50
(9)	Extractions : Permanent Teeth					
		Temporary Teeth	...	...	...	936
			...	...	...	1,436
(10)	Administration of general anaesthetics for extraction					
(11)	Orthodontics :					
	(a)	Cases commenced during the year	...	...	...	27
	(b)	Cases carried forward from previous year	...	...	...	—
	(c)	Cases completed during the year	...	...	...	23
	(d)	Cases discontinued during the year	...	...	...	2
	(e)	Pupils treated with appliances	...	...	...	11
	(f)	Removable appliances fitted	...	...	...	4
	(g)	Fixed appliances fitted	...	...	...	8
	(h)	Total attendances	...	...	...	128
(12)	Number of pupils supplied with artificial dentures					
(13)	Other operations : Permanent Teeth					
		Temporary Teeth	...	...	...	457
			...	...	...	30
						487

HANDICAPPED CHILDREN'S TABLE.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944
OR BOARDING IN BOARDING HOMES.

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handi- capped		(7) Education- ally sub- normal (8) Maladjusted		(9) Epi- leptic	Total
During the calendar year ended 31st December, 1958 :—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ..	1	—	1	—	33	5	8	—	—	49
B. Handicapped Pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes.	—	—	2	—	31	5	7	—	2	47

	(1) Blind (2) Partially Sighted	(3) Deaf (4) Partially Deaf	(5) Delicate Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epi-leptic	Total
On or about 31st January, 1959 :—						
C. Number of Handicapped Pupils from the area—						
(i) were on the registers of special schools as						
(a) Day Pupils ..	—	—	—	—	—	—
(b) Boarding Pupils	2	10	3	6	—	—
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	1	—	—	—
(iii) were boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—
TOTAL C	2	10	4	6	54	23
D. Were being educated under arrangements made under Section 56 of the Education Act, 1944—						
(i) in hospitals ...	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics convalescent homes) ...	—	—	—	—	—	—
(iii) At Home ...	—	—	—	—	—	—

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handi- capped		(7) Education- ally sub- normal (8) Maladjusted		(9) Epi- leptic	Total
On or about 31st January, 1959 :—										
E. Handicapped Pupils from the area requiring places in Special Schools—										
(i) Total (a) Day ..	—	—	—	—	—	—	—	—	1	1
(b) Boarding	—	3	1	1	—	—	33	—	—	38
Number of pupils included in the totals above—										
(ii) who had not reached the age of 5										
(a) awaiting day places ..	—	—	—	—	—	—	—	—	1	1
(b) awaiting boarding places ..	—	—	1	—	—	—	—	—	—	1
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a Special School :										
(a) awaiting day places ..	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places .	—	2	—	1	—	—	23	—	—	26

- (F) Were on the registers of hospital Special Schools ... 1
- (G) Number of children reported to the local health authority during
the calendar year ended 31st December, 1958—
- (a) under Section 57 (3) (excluding any returned under (b)) 3
- (b) under Section 57 (3) relying on Section 57 (4) ... —
- (c) under Section 57 (5) of the Education Act, 1944 ... 6

